

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

In Re: Todd Angelucci, R.N.

Petition No. 2003-0620-010-053

CONSENT ORDER

WHEREAS, Todd Angelucci (hereinafter "respondent") of Shelton, Connecticut has been issued license number E58895 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. While employed temporarily at Hall-Brooke, respondent administered .5mg of Clonidine to two children when the correct dosage was .05mg.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, 20-99(b), including but not limited to 20-99(b)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations at a hearing in front of the Board of Examiners for Nursing (hereinafter "the Board").

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to his profession.

6

3. Respondent's license number E58895 to practice as a registered nurse in the State of Connecticut is hereby placed on probation for six months, subject to the following terms and conditions:
- A. In the first month of probation, respondent must have at least twenty hours of supervised medications administration. In the second and third months, respondent must have at least ten hours of supervised medications administration. Respondent shall be responsible for the submission of a report each month by his supervisor that his medication administration was safe and effective and in compliance with the standard of nursing care.
 - B. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of his probation.
 - C. Respondent may be employed as a nurse for a personnel provider service, provided that the service places him in the same facility continuously during his probation. Respondent shall not be employed by an assisted living services agency, homemaker - home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of his probation. Any week during which respondent works fewer than sixteen hours as a registered nurse shall not count toward the completion of the probationary period.
 - D. Respondent shall not administer medications to minors until he has satisfactorily completed a course in pediatric medication administration, such course to be pre-approved by the Department.
 - E. Respondent shall be responsible for the provision of written reports directly to the Board and the Department from his nursing supervisor (i.e., Director of Nursing) monthly for

- the entire period of his probation. (Respondent shall provide a copy of this Consent Order to any and all employers if employed as a nurse during the probationary period. The Board and the Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order.) Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Board and the Department at the address cited in paragraph 3.J. below.
- F. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- G. Respondent shall notify the Board and the Department of any change in his home or business address within fifteen (15) days of such change.
- H. (If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.)
- I. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- J. All correspondence and reports shall be addressed to:

Bonnie Pinkerton
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

4

4. Any violation of the terms of this Consent Order without prior written approval by the Board shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard.
5. Any extension of time or grace period for reporting granted by the Board shall not be a waiver or preclude the Board's right to take action at a later time. The Board shall not be required to grant future extensions of time or grace periods.
6. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
7. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
8. Respondent understands this Consent Order is a matter of public record.
9. Respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) his compliance with this same Consent Order is at issue, or (2) his compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
10. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a registered nurse, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its

5

investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

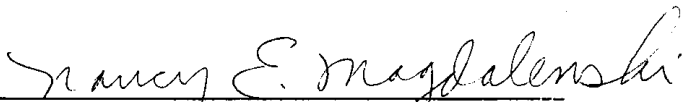
11. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
12. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
13. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
14. Respondent has had the opportunity to consult with an attorney prior to signing this document.

6

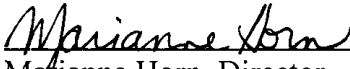
I, Todd Angelucci, R.N., have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.


Todd Angelucci, R.N.

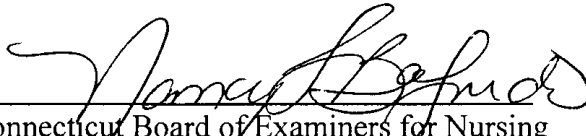
Subscribed and sworn to before me this 25th day of March, 2004.


Notary Public or person authorized **NANCY E. MAGDALENSKI**
by law to administer an oath or affirmation **NOTARY PUBLIC**
MY COMMISSION EXPIRES FEB. 28, 2008

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 1st day of April, 2004, it is hereby accepted.


Marianne Horn, Director,
Division of Health Systems Regulation
Bureau of Healthcare Systems

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 19 day of May, 2004, it is hereby ordered and accepted.

BY: 
Connecticut Board of Examiners for Nursing



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

December 9, 2004

Todd Angelucci, R.N.
30 Mansfield Drive No. 602
Northford, CT 06472

Re: Consent Order
Petition No. 2003-0620-010-053
License No. E58895
D.O.B. [REDACTED]

Dear Mr. Angelucci:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective December 1, 2004.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,

A handwritten signature in cursive script, appearing to read "Olive Tronchin".

Olive Tronchin, HPA
Division of Health Systems Regulation

cc: J. Fillippone
J. Wojick



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer